D.M. Care Limited

Highbury House Care Home

Inspection report

580-582 Lytham Road
Blackpool
Lancashire
FY4 1RB

Tel: 01253344401
Website: www.blackpoolcarehomes.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 28 July 2017 and was an unannounced inspection.

Highbury House is located in South Shore, Blackpool. The home is registered to accommodate up to 28 people who require assistance with personal care. The property is a large detached house with accommodation over two floors. There is a passenger lift for ease of access and the home is wheelchair accessible. The majority of the bedrooms are single occupancy and en-suite. There are private parking facilities at the front of the building and garden areas at the rear. During this inspection there were 21 people lived at Highbury House.

Highbury House was registered with The Care Quality Commission (CQC) as a partnership until February 2017 when the home was registered with CQC as a limited company - D.M Care. This is the first inspection of the home as the new legal entity. The director of the new legal entity D.M. Care was a partner in the previous partnership. This enabled continuity of care during the change of legal entity.

At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were found for recruitment, management of medicines, consent to care, person centred care and governance.

Staff did not always manage medicines safely. Medicines were not always recorded accurately or people given their medicines as prescribed as there were inconsistencies in the amount of tablets recorded and those left.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured medicines were managed safely.

People were not always supported to have maximum choice and control of their lives. The registered provider had procedures to assess people's mental capacity and to support those who lacked capacity to manage risk. However, there was no record of people of their consent to care and treatment or that of a representative to their care.

This was a breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because care and treatment must only be provided with the consent of the relevant person.

Care plans were personalised in that people's care was recorded, but people and where appropriate their representatives were not involved in reviewing their care and making decisions about how they wanted their care provided.

This was a breach of regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not involved in planning their care so it met their needs.

Some carpets and furniture were unclean and unhygienic in communal areas. This increased the risk of cross infection.

We made a recommendation to improve cleaning schedules and the effectiveness of cleaning to keep the home clean and hygienic and reduce the risk of cross infection.

Robust recruitment practices were not always followed. This reduced the safety of appointing new staff and was contrary to the home's recruitment procedure.

This was a breach of regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as recruitment procedures must be operated effectively.

There were mixed views from people about staffing levels. Some people felt staffing levels were usually appropriate others said staff were busy. From our observation staff carried out personal care promptly but oversight of people was limited and there was little staff interaction except for practical tasks.

We made a recommendation for the registered manager to review staffing levels and skill mix so they respond to the changing needs of people using the service.

Although we found the registered manager and staff team provided good care and the registered manager supported and encouraged the staff team, the home was not always well led. Audit systems were in place however they were not always robust or effective as they did not identify the issues CQC noted during the inspection.

This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as Systems to provide good governance and ensure the safety and wellbeing of people were not effective

Most of the people we spoke with were positive about the quality of the meals but felt there was a lack of choice. There were frequent drinks provided but staff did not always check people drunk these.

Staff had been trained in care and had the skills and knowledge to provide support to the people they cared for.

People we spoke with said their health needs were met promptly and care records reflected this.

People told us staff were caring and respectful and assisted them promptly. They said staff were familiar with their care needs and preferences. One person said "They treat me very well, they're kind." We observed staff were cheerful and friendly when they supported people during the inspection.

There was an assortment of views regarding activities. Some people did not want activities; others said they would like more and they got bored when they were "just sat' doing nothing".

People told us they felt safe and contented at Highbury House. One person said, "I've no reason not to feel safe. I am quite happy here." The service had procedures to protect people from abuse and unsafe care. Staff were familiar with these and had received training in safeguarding adults.

We saw risk assessments were in place which provided guidance for staff. These measures reduced risks to people.

People told us they felt able to complain if unhappy with something. Most issues raised were about laundry going missing. This was sometimes found at a later date.

People told us their relatives were made welcome and there were no restrictions to visiting.

You can see what action we have asked the provider to take at the back of the main body of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff did not always manage medicines safely. Medicines were not always recorded accurately or people given their medicines as prescribed.

Staff recruitment was not always robust.

Our observations and peoples comments suggested staffing levels were not always sufficient.

Furniture was unclean and unhygienic in communal areas which increased the risk of cross infection.

Staff were aware of safeguarding procedures and the action to take to protect people from the risk of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

There was no record of consent by the person or their representative in regards to the right to consent or refuse care or treatment.

There was a set meal each day but people could request alternatives if they did not want this.

People were supported by staff who were skilled and knowledgeable in care. This helped them to provide support in the way people wanted.

Is the service caring?

Good

The service was caring.

People we spoke with told us staff were kind and caring. They told us they were comfortable and satisfied with the care they received.

People said staff respected their privacy and dignity. We

observed staff interacting with people in a caring and respectful way.

Staff were familiar with and understood people's history, likes, dislikes, needs and wishes.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People told us they had not seen their care plans. Although regularly reviewed, people had not been involved in consenting to or planning their care.

There was an assortment of views regarding activities. Some people did not want activities; others said they would like more.

People were aware of how to complain if they needed to and felt able to do so.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audit systems were in place however these did not always identify issues of concern.

People who lived in the home and their relatives told us staff were approachable and easy to talk with. We saw their views were sought in a variety of ways.

The registered manager led and motivated the staff team. There were clear lines of responsibility and accountability among the team. Staff understood their role and were committed to providing a good standard of support for people in their care.

Highbury House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 July 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Highbury House had experience of services for older people and people living with dementia.

Before our inspection we reviewed the information we held on the service. This included notifications from the registered provider, about incidents that affected the health, safety and welfare of people. and previous inspection reports. We checked to see if any information concerning the care and welfare of people living at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included twelve people who lived at the home, two relatives, two health professionals, the registered manager, three members of staff and the registered provider.

We walked around the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care throughout the home.

We looked at care and medicine records of three people. We looked at staff rotas, recruitment, staff training

records and records about the management of the home. This helped us to gain a balanced overview of what people experienced at the home.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and supported at Highbury House Care Home and were satisfied with the care they received. One person told us, "I think everybody seems to be alright, I feel safe walking around. I'm happy to stay here." Another person said, "I feel very safe, it's a lovely place and all the workers are very nice." A relative commented, "[Family member] is safe here with the way they're looked after."

We checked to see if medicines were managed safely and medicines administered as prescribed. We saw medicines were usually checked in by senior staff and stored safely. However one person's' just in case' medicines were not checked in and recorded when received. We observed the registered manager administering medicines which she did correctly. They checked the monitored dosage pack against the medicines record, gave the medicines to the correct person and signed the medicine record once they had taken them.

There were several medicines not part of the monitored dosage system and stored in their original packaging due to manufacturer's instructions or short term use. We counted the number of tablets in four people's 'when necessary' medicines and checked these against the numbers remaining according to the medicines records. We found the amount of tablets did not tally with the numbers of tablets recorded as remaining in the medicines records. These discrepancies showed us there were errors in administering or recording these tablets. Although the registered manager carried out medicines audits, they had not identified the errors.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured medicines were managed safely.

We looked at how the service was being staffed. We did this to make sure there were enough staff to support people who lived at the home. We asked people if they felt there were enough staff. There were mixed views from people about staffing levels. Some people felt staffing levels were usually ok others said staff were busy with jobs. Seven people felt more staff were needed. One person said, "I don't think there's a lot, [of staff] but there's a couple around. They're not popping in and out all the time, they're very busy." Another person told us, "I think there should be more, they don't come into the lounge, they're busy doing other things, but I don't have to wait a long time." However, two people felt there were normally enough staff and they came when they called." One person said, "They come quickly." Another person told us, "Yes, they answer reasonably quickly." Relatives commented, "I think they could do with more staff, they're alright at times, but at times they're pushed." And, "They could always do with more."

We observed staff interaction with people who lived at the home. Staff spoken with felt they had enough staff to support people safely but this did not always reflect our findings. The inspection team consisted of two adult social care inspectors and an expert by experience. One or more of the team was in the lounge from approximately 10am throughout the morning and for over two hours in the afternoon, either talking with people or observing care. Also one member of the team was in the sun lounge for most of the morning and observed a person unoccupied and unsupervised for over an hour in the dining room during the

morning. While staff were pleasant and friendly with people and practical tasks were completed staff had little time to interact, sit and talk or provide meaningful social or leisure activities for people. In the morning staff were busy assisting people with getting up and taking people to and from the lounge. Although a member of staff sat in the lounge in the afternoon they were completing notes and not able to interact with people unless carrying out a care task for them.

We spoke with the registered manager about staffing arrangements. We looked at rotas and saw the staffing levels remained the same each day. We asked the registered manager how they assessed staffing levels needed The registered manager told us they did not use a dependency staffing tool to determine staffing but had fixed staffing levels.

We recommend the service review staffing levels and skill mix so they respond to the changing needs of people using the service.

Recruitment practices were not robust. We looked at the records for three members of staff. None were fully compliant. Staff had completed an application form and an employment history but full employment histories were not always recorded. On one application form only the first page was completed. The registered manager told us the application form had been lost and she was getting the member of staff to rewrite it. The staff files did not show a record of the staff members start dates, to enable these to be compared to dates of DBS checks. These should be checked to make sure people do not start work before being deemed safe to do so. There were discrepancies in information provided to DBS which were not identified or followed up. References had not always been obtained before people started work or sought from their last employer or a senior person in an organisation. This was contrary to the home's recruitment procedure. These omissions reduced the safety of staff recruitment in the home. The registered manager accepted that the recruitment practices were not completed correctly.

This was a breach of regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as recruitment procedures must be operated effectively.

We checked the cleanliness of the home. We saw many of the chairs in communal areas were stained and dirty. This made them unpleasant to sit in and increased the risk of cross infection. The carpet in the main lounge although quite new was also stained and dirty. We spoke with the registered manager who told us the chairs and carpets were regularly cleaned but accepted that they were not satisfactory.

We recommend the service review cleaning schedules and the effectiveness of cleaning to make sure the home is clean and hygienic and reduces the risk of infection.

Records confirmed gas appliances and electrical facilities complied with statutory requirements and were safe for use. Legionella checks had been carried out and equipment had been serviced and maintained as required. We checked a sample of water temperatures. These delivered water at a safe temperature in line with health and safety guidelines. We checked if first floor rooms had window restrictors on them. Window restrictors are fitted to limit window openings in order to protect vulnerable people from falling.

The registered manager and senior staff had completed risk assessments to reduce accidents or incidents. These provided guidance for staff when they gave people care and support and enabled them to keep people safe. Staff spoken with told us the risk assessments were informative and helpful. We looked at accidents and incidents records to see if these were checked for triggers or lessons learnt. We saw risk assessments were updated in response to these and actions in place so risks were reduced.

There were procedures to protect people from unsafe care or abuse. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They told us they would take prompt action to ensure people's safety where they became aware of or suspected a safeguarding concern. This gave them the necessary knowledge to reduce the risk of abuse and discrimination to people.

Requires Improvement

Is the service effective?

Our findings

People told us their healthcare needs were met by staff and they saw health professionals promptly. We spoke with health and social care professionals who told us the staff were caring, proactive and followed any advice given. We saw in care records health issues were monitored and people had visits from GP's, district nurses, chiropodists and opticians.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were not always supported to have maximum choice and control of their lives. We saw there was no record of people being involved in decisions about their care or of their consent or that of a representative to their care. We asked people if they had consented to care. One person said, "Well I don't disagree with what they do or I would say." However, they did not remember signing anything to say they agreed with care or seeing a care plan. Although people may have verbally agreed to the care provided there was no evidence of this or of people being asked for consent in a way they understood. Neither was there a record of any discussion in regards to the right to consent or refuse care or treatment. We asked the registered manager if they had requested and recorded consent from people. They said they had not. Neither had representatives been involved where people were unable to consent to their care because they lacked capacity

This was a breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because care and treatment must only be provided with the consent of the relevant person.

Two people able to make their own decisions told us staff did not restrict the things they were able and wanted to do. Where people were unable to make their own decisions and restrictions were in place, these had been agreed and recorded. Relevant staff had been trained to understand when a DoLS application should be made and completed applications where needed. The registered manager told us they established people's capacity to make particular decisions. Where they felt a person did not have capacity to make a decision they involved other professionals and representatives in decision making.

Ten of the people we spoke with told us the quality of the meals was good and they usually enjoyed the food. One person said, "I would say it's quite good." Another person said, "It's good, I get enough, it's well balanced." However, people commented that it was a set meal each day. One person told us, "It's alright, but it's not like home, there's no choice." Another person said "It's not bad, but here's no choice, everybody gets the same, but I've never refused it." The provider advised that people could have whatever they liked to

eat as long as balanced with nutritional needs. Since the inspection we have seen written comments which showed people had been given choices of meals. Two people said they knew they could ask for alternatives and commented, "I'm a funny eater, if it's something I don't fancy, they'll find me a substitute, like bacon, sausage or a sandwich." And, "The staff will make me a sandwich instead if I want one."

We observed staff supporting people over lunch. The meals were well presented and served promptly. There was background music playing in the dining room and people we spoke with told us they enjoyed this. No-one was hurried and people were given assistance where needed. The lunch was fish and chips. Several people said this was their favourite meal and always excellent. One of the team ate with people and said the meal was very tasty.

The cook and staff involved in mealtimes were aware of people who required special diets or had allergies, and of people's food preferences. People had a nutritional risk assessment in their care records which identified those who were at risk of obesity or malnutrition. Their weights were monitored to help them maintain a healthy weight. We saw drinks and snacks were offered to people at regular intervals, including a variety of healthy smoothies. People told us they enjoyed these. However, we saw people sat in the lounge were given cups of tea in the morning. They were left with these rather than encouraged to drink them. Later we saw drinks were taken away still almost full so those individuals had not had a morning drink. Staff recorded the food and fluid intake of people who needed support to make sure they ate and drank a sufficient diet. Records of food eaten and fluids drank had not been recorded during the inspection, although we saw they were recorded on other days. The registered manager said she knew what they had eaten and drunk, would remember this and records it later. These records were likely to be less accurate if staff relied on memory to complete records later.

We checked the kitchen and found it was clean and tidy, organised and stocked with a variety of provisions. The home had recently received the top food standards agency rating of five on a recent food safety inspection. Staff who prepared food had completed food hygiene training to assist them to maintain food safety.

Staff told us they received formal supervision. Supervision records confirmed this. This is where individual staff and usually their manager discussed their performance and development and the support they needed in their role. Staff told us they felt supported by the registered manager and senior staff team. They said they could discuss any concerns or ideas during supervision. One member of staff said, "I find it helpful. It helps us to see any improvements."

People who lived at Highbury House said staff looked after them well and had been trained in care. People told us staff knew what they were doing. One person commented "They've a good knowledge of what they've got to do. If you have happy staff, you have happy residents." Staff told us they completed relevant training and records seen confirmed this. Care staff had completed or were working towards national qualifications in care as well as a variety of other care related training. This indicated staff had skills related to effective care.

Good

Is the service caring?

Our findings

People who lived at Highbury House and their relatives told us staff were patient and caring. One person told us, "The staff couldn't be any better, they're perfect every one of them." Another person said, "I think they're brilliant, nothings too much trouble for them. I have a laugh and a chat with most of them, they bring me a cup drink last thing at night." Relatives told us staff were friendly and helpful. One relative said, "They're friendly and kind. They're nice people."

We saw staff were polite and welcoming. One person said, "They treat me alright, they're nice decent folk." People looked cared for, dressed appropriately for their choice and personality and were well groomed. Comments from people included; "The staff are very friendly, anything you want, just ask them." And, "The staff sit and chat sometimes when they are not too busy." And, "I'd say this is the best home I've been in."

Staff were familiar with people's care records which assisted them to people's preferences, preferred form of address, life history, likes, dislikes, care and support and needs and wishes. They understood the need to protect and respect people's human rights and individuality. This included respecting people's family and personal relationships and their cultural, gender and spiritual needs. They were aware that people could not be deprived of their liberty except under specific legal authorisation. Also people could not be discriminated against for their gender, sexuality, age, nationality or religion.

Staff were polite and respectful and made sure they maintained people's dignity, quietly offering assistance and personal care to people. People said they were able to lock their bedrooms if they wanted. One person told us "I lock the door when I go to the loo and have a wash, I have a key to my room". Another person said "I lock the [bedroom] door at night, I know if the carer comes round she has a key."

Staff knocked at doors and waited before entering bedrooms and bathrooms and shut bedroom and bathroom doors when providing care so people's privacy and dignity was maintained. One person told us, "There's not one I could pick out and say they were nasty, they're very good, very attentive, very respectful." A second person told us, "The staff are very, very good, very polite. I can't speak highly enough of them; they'll do anything you ask them."

Information was available to people about how to get support from independent advocates. This was particularly important so people had a voice where there was no family or significant other involved.

Requires Improvement

Is the service responsive?

Our findings

We asked people if they had seen their care plans, or talked with staff about how they wanted staff to look after them. All twelve people we spoke with said they had not talked about their care since soon after they moved to Highbury House. One person replied, "No the staff do that. They write about everyone." Another person commented. "I've not seen it. I can look after myself, but if I want anything I ask." Relatives said they were not aware of their family member's care plan. One relative said, "No, they only came in on respite." Another relative told us, "If I've any problems I talk to the staff."

We looked at the care records of three people. We saw people had their needs assessed before admission. These were developed into a care plan and risk assessments. They were regularly reviewed. However, people told us they had not been involved in developing or reviewing their care and treatment plan. Neither was their evidence in the care records that people or their representatives had consented to their care or had been involved in participating in planning or reviewing their care. Relatives, where it was appropriate for them to be involved had not been involved.

These are breaches of regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as care and treatment must reflect people's preferences about how they want their care to be provided.

We asked people if they could shower or bathe when they wanted. Responses varied with several people not being sure if they could. Although one person told us, "I have a bath/shower whenever I want one." Other people suggested they could not use the showers or baths. However, they had not discussed this with staff. One person said, "I can't go in the shower so I have a full wash. I don't think the shower's equipped for me." Other comments were "I don't like showers and I can't go in the bath, but I'm happy with a daily wash down." Despite these comments we saw baths and showers had aids and adaptations to help support people. And "I have a wash down every morning, I've not had a bath or shower, nobody's said anything about one."

People told us staff usually assisted them with personal care in the way they wanted. People said they could make choices about their daily routine. They told us they were able to choose when to get up and go to bed and how to spend their day and could do as they pleased. One person said "I get up when I want and go to breakfast at 8am." Another person commented, "I've always got up early. I go to bed when I want and watch TV as I want."

There was a mix of views from people about how they spent their day. Several people said they got regular visits from their family and occasionally went out with them. Two people said they did not need activities. One person told us they spent the day, "Talking to other residents, I've made friends, or I go out." Another person commented, "I talk to one of my friends here." Other people said the activities were mostly self-directed and they would have liked more input from staff. Comments included, "Just sit and watch the telly, nothing much at all, I have a talk to the lady over there. Sometimes I wish I could go out, I've been out once." And, "There used to be somebody come in with music, but I don't see that now, I think that would cheer

everyone up." and "The family will visit, I watch TV and read the paper, but I get bored." One or more of the inspection team observed interactions or talked with people in communal areas from 10am until lunch and for two hours after lunch. During these observations there was limited staff presence and interaction from staff and no activities provided. This reduced the level of personalised care and support people received.

We were told staff involved people in some activities and an activity person worked three afternoons a week. We saw from care records staff spent time where possible interacting and providing some activities at times. This gave people some opportunities for stimulation and socialising. Entertainers also visited. We were aware an entertainer was visiting later on the day we inspected. We were told one person had been involved in painting the back gates of the home which they had enjoyed. Two people mentioned staff led activities and told us they enjoyed these. One person said someone talks to us about things that happened a long time ago." Another person told us, "We chat, plus they have entertainment every week or so. We have Lancashire reminiscence every month, they play old songs and I know most of them."

We looked at the complaints policy which told people how their concerns would be dealt with. We saw people had been given information about how to make a complaint. People said they knew how to complain and the majority would feel comfortable doing so. One person said, "I've no complaints of the staff, they do their best." Another person replied, "I'd complain to my brother." The registered manager said there had not been any formal complaints. She told us she tried to deal with minor concerns before they became big issues. She said she regularly checked with people to see if they had any concerns. One person told us, "I couldn't get through the [en-suite] toilet door when I arrived, so they removed it." Five people told us of missing items of clothing. One person said, "I've had a few things go to the laundry and not come back."However the provider advised us that the terms and conditions stated that the home could not be held responsible for accidental damage or loss.

People told us their relatives were made welcome and there were no restrictions to visiting. One person said; "My family visit whenever they want, after work or any time." A relative told us, "The staff are good, you're always made welcome."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at Highbury House and their relatives told us they knew the registered manager and she regularly chatted to them. One person told us, "[The registered manager] is very approachable. She is kind, listens and we have a good laugh." Another person told us, "Yes I know who she is, I like her very much she's so approachable, she's very well liked." Relatives told us the registered manager was easy to talk with and always helpful. People told us the registered manager sought the views of people about the service. They said they could talk with the registered manager who routinely had informal 'chats' with them. There were residents meetings and people were encouraged to give their views and comments about the home. We saw comments sent to the registered manager. These included, 'You do your job with great care and love.' And, 'Amazing job you and your team are doing.'

Although the registered manager and staff team provided appropriate care and the registered manager supported and encouraged the staff team, the home was not always well led. Recruitment was not robust, medicines were not always managed safely, and furniture and carpets in communal areas were not clean and hygienic. There was no evidence people had consented or been involved in their care planning, Audit systems did not always identify errors and omissions. They had not detected the issues CQC noted during the inspection such as consent, staffing and medicines.

This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems to provide good governance and ensure the safety and wellbeing of people were not effective

Staff told us the registered manager was caring and considerate. They said she was 'hands on' and supportive in difficult situations. One member of staff told us, "They will always help with care and they bring us together as a team." We spoke with other health and social care professionals. They told us the staff team worked well with them, were caring, contacted them promptly, listened and acted on advice given.

The home had a clear management structure. There were clear lines of responsibility and accountability among the team. Staff understood their role and responsibilities and were committed to providing a good standard of support for people in their care. We saw the management team supported and encouraged staff. Staff were praising of the registered manager .They said she provided clear guidance and great support. One member of staff said, "[The registered manager] is helpful and patient and answers any questions I have." Another member of staff told us, "She is always there to help us and make sure we do things right." Staff said they had daily handovers, regular supervisions and staff meetings. They told us they discussed any changes to people's support needs so they were up to date with the care people needed.

The registered manager understood the legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations. There was a business continuity plan that identified how they would respond to different types of emergencies. We saw any accidents and incidents were investigated and action taken where needed to reduce the risk of recurrence.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment must reflect people's preferences about how they want their care to be provided. Regulation 9 (1)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment must only be provided with the consent of the relevant person. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured medicines were managed safely. Regulation 12 (1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to provide good governance and ensure the safety and wellbeing of people were not effective. Regulation 17 (1)(2)(a)(b)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person has failed to operate safe and effective recruitment procedures to ensure that persons employed are of good character. Regulation 19 (1)(2)